## LAKE COUNTY BOARD OF COUNTY COMMISSIONERS

Office of Employee Services

315 West Main Street, Rm. 430 Tavares, FL 32778

Ph.: 352.343.9596 Fax: 352.343.9883

## APPLICATION FOR VETERANS' EMPLOYMENT PREFERENCE (RE: Lake County Government "Employment Application") APPLICANT'S NAME: \_\_\_\_ MIDDLE **LAST** SOCIAL SECURITY NO.: \_\_\_\_ DATE 1. I wish to claim Veterans' Preference in Employment. (Note: To claim Veterans' Preference, you must have indicated "Yes" in Item 6 of the lake County Government Employment Application.) Applicants wishing to claim Veterans' Preference in Employment must complete this form and return it with the completed Lake County Government "Employment Application" Documentation substantiating your claim must be furnished at the time of application (See: "General information, Section C - Applicant Documentation" for appropriate documentation). The information provided herein is for the purposes of determining the applicant's eligibility for Veterans' Preference only. This form is retained in Employee Services. 2. Check the Appropriate Box Below: A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.

3. Please complete the following information:

(GWTEM) is qualifying for veterans' preference.

America.

(Applicant's claiming a preference based on their spouse's service should provide information as it pertains to their spouse).

Receipt of any Armed Forces Expeditionary Medal (AFEM) or Global War on Terrorism Expeditionary Medal

A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of

A. Service Entry Date:	 Discharge Date:
B. Branch of Service:	
C. Type of Discharge:	

The unremarried widow or widower of a veteran who died of a service-connected disability.

Attach DD Form 214, Certificate of Discharge or Separation from Active Duty, or other official documents (to include military discharge papers, or equivalent certification from the DVA listing military status, dates of service, and discharge type) issued by the branch of service are required as verification of eligibility for veterans' preference.

4.	Are you a resident of the State of Florida?	☐ Yes	□ No		
	Provide proof of Florida residency along with this application, scard, or Intent to Domicile from the Clerk of the Court.	such as a Florida voter	ID card, drivers' lice	ense or ID, Library	
5.	Applicant's Certification & Acknowledgement:				
	I hereby certify that the information provided on the Application For Veterans' Employment Preference form is true correct to the best of my knowledge. I understand that falsification of this information is a criminal violation and may subject me to prosecution and possible incarceration and/or fine and will result in my dismissal, if employed.				
	I acknowledge that I received, read and understand the approint any non-compliance with the Veterans' Preference laws a Information (To be retained by applicant).				
6.	Applicant's Signature:				
				Date	
7.	Employee Services' Use Only: (Do not write in sectio	n below.)			
	A. Did the Applicant claim Veterans' Preference?     (See item 6 of the applicant's Employment Application.	)	☐ Yes	□No	
	B. Did the Applicant furnish the required documentation? (See Section 3 of this document and relevant attachment	ents.)	☐ Yes	□ No	
	C. Is the Applicant a resident of the State of Florida?		☐ Yes	□ No	
	D. Did the Applicant serve one (1) day or more during an (See Section 2 & 3 of this document.)	eligible wartime period?	☐ Yes	□ No	
	E. Was the Applicant given a copy of the General Informa     Veterans' Employment Preference which contains Sec     *If No, please explain:		☐ Yes estigation?	□ No*	
	F. Does the Applicant qualify for Veterans' Preference?  *If No, please indicate below:  (1)	rans' Preference.	☐ Yes	□ No*	
	G. Completed by:			Date	